



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Iowa Health and Wellness Public Comment Forum

May 21, 2014

Mercy Hospital-Des Moines

In Attendance by phone:

Kelly O'Neil- Mercy Hospitals
Donna Ford
Genesis Senior Living
Iowa Department of Public Health (IDPH)
Judy Stark- CoOpportunity
Broadlawns Hospital
Judy Ernst
Don Welken
Stephanie Rutherford- Eagle View Health Center
Larry Carl – Iowa Dental Association
Sandy Hurtado-Peters – Department of Management
Dr. Jason Kessler – Iowa Medicaid Enterprise (IME)
Sarah Dixon-Gale – Iowa Primary Care Association

Attendance in person:

Jennifer Vermeer- IME
Lindsay Buechel- IME
Maggie Reilly- IME
Bob Schlueter- IME
Julie Lovelady- IME
Sean Bagniewski- IME
Bryan Dempsey- IME
Deanna Jones- IME
Rick Shannon- Iowa Developmental Disabilities Council
Tiffany Roberts- Preferred Care Partners Management Group (PCPMG)
Erin Davison-Rippey- Planned Parenthood of the Heartland
Gretchen Hageman- Delta Dental of Iowa
Diana Reyes- Primary Health Care
Gisel Valdez- Primary Health Care
Roy Pura- GlaxoSmithKline
Dennis Tibben- Iowa Medical Society (IMS)
Susan Zalenski- Johnson & Johnson
Mary Nelle Trefz- Child and Family Policy Center

Deb Kazmerzak- Iowa Primary Care Association
Angie Doyle Scar- IDPH
Abby Less- IDPH
Jess Benson- LSA
Patty Funaro- LSA
Shelly Karr- Care Initiatives
Anthony Carroll- AARP
Heather Miller- Delta Dental of Iowa
Leah McWilliams- Iowa Osteopathic Medicine Association
Susan Fenton- LS2 Group
Zaun Yates- Centene
Sara Eide- Mercy Health Network
Dan Royer- Iowa Hospital Association

Jennifer Vermeer (JV) presented on the Iowa Health and Wellness Plan and Lindsay Buechel gave an update on Healthy Behaviors.

Gretchen Hageman from Delta Dental gave a presentation on the Dental Wellness Plan.

Questions:

Bob Schlueter (IME) - Can you explain why we thought it was necessary to go with the Dental Wellness Plan approach and the tiered benefit?

JV- The legislation required that we provide a comprehensive dental benefit to the members, which we think is great. In Medicaid we have problems ensuring that people have access to dental care because we don't have a lot of dentists that participate or accept very many Medicaid patients. This is for a number of reasons but one of them is our low reimbursement rate. When we found out we'd be adding about 150,000 Iowans to the program we were concerned it would be difficult for members to gain access to dentists at Medicaid rates so we started talking to Delta Dental because we also use them in our *hawk-i* program and they are a commercial plan with better access to providers. We wanted to insure our members had access to a dentist and could receive oral health benefits.

Audience Member- Can you talk about the Healthy Behaviors program after year one and what the menu of options might look like?

JV- In the first year it's just getting a Health Risk Assessment and getting the medical exam, and if you do this then the premiums for the entire next year are waived. For the 2nd year we haven't yet designed what that is going to look like. The other piece we are looking at is the payment of incentives to members; the program design has the idea that in the second year we would be providing some kind of reward to members for completing their Healthy Behaviors. We've issued a Request for Information (RFI) asking for information from vendors or stakeholders to run that program.

Jeanne Moody (Iowa Public Health Association) - Kudos for considering Healthy Behaviors. My questions are more for next year. We know that about 10% of our health is determined by access to health care, and about

20% is environment and genetics, and about 15% is healthy behaviors. We don't know what the impact of incentivizing these healthy behaviors would be. Our public health departments are really well positioned to do community care coordination and help members on the plans access these services. We'd like to see tobacco cessation, immunizations, physical activity, nutrition, and alcohol and drug use as part of the HRA. We would like to be a part of this discussion.

JV- Were you aware of the RFI that is out? I hope you will send those comments to us.

Medicaid Member-I've been trying to get a list of primary care physicians since this program was implemented, but all I've been able to get is a list of the mental health physicians. I would like to know where to find this list other than on the computer. What is the federal poverty level? What is medically exempt, I don't understand this? Also, I am on the Health and Wellness plan and everything my doctor has prescribed for me has been denied.

JV- You can call Member Services at any time to get a list of Physicians or what available providers might be in your area. You can also select your primary care physician then. The federal poverty level for the Wellness Plan is \$11,670 for a family of one, and \$15,730 for a family of two. The income amount for the household goes up with the number of members in the household. Marketplace Choice goes up to \$15,521 for a family of one and \$20,920 for a family of two. These are the income levels for the Iowa Health and Wellness Program which is for adults and for people who are not otherwise eligible for Medicaid. An adult might be eligible for Medicaid apart from this program. The federal poverty level changes with what group you are in, it could be different if you have a disability, are a parent, or are a pregnant woman. Prior to the Health and Wellness Plan you had to fit into one of these categories, and each of them had a different income level pursuant to federal law. The Iowa Health and Wellness Plan made all adults eligible under 133% FPL, so when you apply the system checks to determine if you are eligible for one of those categories that existed before and it will check to determine if you are eligible for the Health and Wellness plan. Medically exempt means that an individual can enroll in the Iowa Health and Wellness plan and still have the regular Medicaid benefit package, which is a little more robust than the Iowa Health and Wellness Plan. Where there is the most difference in the benefit package between the Iowa Health and Wellness Plan and Medicaid is really around mental health and substance abuse services. There also is a difference in medical transportation, non-emergent transportation would be covered if you are Medically Exempt, and also there can be a difference in the different types of therapies, such as speech and physical therapy. If you think you might be medically exempt, you can call Member Services and they will conduct an assessment over the phone with you. We will get you in touch with the right people.

Audience Member- Are the individuals that are medically exempt also expected to do the healthy behaviors and pay premiums?

JV- No, they are exempt from the co-payments that are in regular Medicaid and also paying the premiums.

Audience Member- I have couple questions regarding the hardship. If someone doesn't complete it for the month, and now has a debt, can they go back and claim a hardship for those months?

JV- No. The hardship is very easy, you get a self-addressed envelope and you just mark the box. The only thing you have to do is send it in by the due date. We don't verify that you couldn't afford it but you do have to send it in by the due date.

Audience Member- What does the debt collection piece of it look like if the member has a \$40 debt? How would you recoup that?

JV- I don't think we have fully developed that yet, I know that there were debt collection processes set up for IowaCare but I don't think we've really developed that yet. I would love it if every single person did their Healthy Behaviors and didn't have to pay a premium. I know that won't happen, but that's what we're focusing on right now, is making sure people have the information and getting them to complete those two simple things so they won't have to worry about any of those things.

Dennis Tibben (Iowa Medical Society) - We have written comments also, but have some general feedback from our Physician members. On the Wellness Plan they are experiencing some significant administrative financial burdens up front, specifically they are struggling to identify which of the coverage options the patients have because the cards they are coming in with are not matching up with the coverage they think they have. Part of the confusion that we're seeing is that folks are getting their Medicaid card before they get their Coventry or CoOpportunity card and mistakenly believing that they have full Medicaid benefits, and when our offices are going through they are finding out that many members who think they have full benefits end up not having them. It would be nice if the insurance cards were different and showed which plan each member is on. A lot of our doctors are thinking they are in-network for CoOpportunity and Coventry, but are then finding out they are out-of-network for the Marketplace Choice Plan. This is leading towards lengthy waits at the offices trying to figure out which plan the members are on. There are also a lot of doctors who were not previously in a Wellmark ACO so they are not familiar with the Value Index Score, so that is creating some angst because they feel like they are not fully aware of what it is. Finally, there are a lot of people are coming in with significant health issues, and those visits are proving costlier, but the physicians have been impressed with those patients when they come back and are in better health.

JV- We would like a way to communicate with the physicians so we can go over these things with them. This is all brand new and we would love to spend time with them to figure out these issues. The card issue we understand, there is only one card for all of them. At first they will just have their Medicaid cards, and then they receive their CoOpportunity cards or Coventry cards if they are in the Marketplace Choice Plan. For the issue of not being in-network for the Marketplace Choice plan, that is probably a QHP issue. We will need to have a meeting with IMS, us, and the QHP to get this figured out.

Jon Wilken (Refugee Services) - I'm concerned about our clients who are all limited English and Spanish speakers, how are they going to negotiate and participate in the Healthy Behaviors.

JV- They can always call and do the HRA on the phone through Member Services, we have a language line. We'd love to work with you on some targeted information or supplementary things that we could do on the populations you work with. We've looked at populations who are non-English and non-Spanish speaking. We will contact you to set up a time to meet.

Stephanie (Eagle View Health Center) - We have quite a few people who were on Iowa Medicaid and have switched over to the Dental Wellness Plan. They were seen in January-February for their initial exam, and they want to know how that's going to count towards their wellness.

Gretchen Hageman (Delta Dental) – We've been talking about this, a member would have been seeing a provider already. Delta is working on what we're going to do. Right now how it is playing out is that May 1st was the beginning of the plan. The member would have to go for that preventative visit during that six month time then they could be eligible for the Enhanced benefits. We do not go back and look at member visits during that January-April 30th time frame to see if they had a preventative visit.

JV- We were not paying for preventative visits during that time period, we were only paying for emergency visits. Between January and May individuals may have received some dental services but they were really emergency sort of stabilization and emergency situations.

Audience Member- I would like to talk about the skilled nursing facility coverage that is available in both programs. We have had trouble getting our claims to go through related to the case activity reports not matching the dates that we have them in our facilities because they are not being put in the system. Are we still supposed to be faxing those in rather than mailing them in? The other thing is that when they are in a skilled nursing facility and receive some kind of rehab therapy, does that go against their 60 PT/OT and speech visits that they're going to have? Lastly, can facilities also refer for the medical exemption when they are in the facilities? We are finding that when these people come in they should have already been in a facility and they aren't going to get well enough to go home. Can we make the referral immediately or do we have to wait the entire 120 days to determine that?

JV- We will connect you with Sean Bagniewski (Provider Services) to answer these claims payment/claims activity questions and whether it counts against the 60 days. We would like you to make the referral for Medically Exempt ASAP so they don't run out of days. The coverage is capped at 120 days.

Lindsay -On the medically exempt issue, we'd like you to do it right away because of when it would become effective. It doesn't become effective until the first of the next month.

Audience Member- With the medically exempt for the skilled nursing facility to they have to meet the disability criteria?

JV- No, they do not have to be disabled, that is just one of the criteria. If you have a serious mental illness diagnosis, you can be medically exempt. For a complex medical condition that can be any diagnoses but you have to have a limitation in activities of daily living.

JV- You can always ask questions anytime and provide comments any time you want. You don't have to wait for a public comment forum.

Adjourn 2:20 pm.